

February 4, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M2-03-0531-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Orthopedic Surgery. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ is a 45-year-old male who underwent a posterior lumbar interbody fusion with nerve root decompression using cages at the L5/S1 level on May 26, 2000. This patient was initially doing better after surgery but about a year ago, his condition began getting worse. His pain began getting worse and ___, his surgeon, has been attempting to determine why the pain is worse and is trying to do something to make the pain better so that the patient can return to work. He has requested a myelogram CT scan after the pain began getting worse, and this was done. It demonstrated the fact that the patient's fusion may not quite be solid at the present time, although it did not demonstrate any prompt cut-off of the nerve roots or any acute nerve root decompression. He felt that the patient may need to have subsequent surgical repair of a fusion that has not healed if the symptoms continued. The surgeon is attempting to avoid repeat surgery on the man, if possible. He therefore requested another series of lumbar epidural steroid injections in an attempt to relieve his pain so that perhaps more surgery on the back could be avoided. The patient, in fact, agreed and requested that another series of epidural steroid injections

be given because he stated that this was the only thing in the past that had actually relieved his symptoms to any significant degree.

REQUESTED SERVICE

A series of lumbar epidural steroid injections under fluoroscopic control is requested.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

In the practice of medicine, we are obligated to attempt to help relieve a patient's pain and suffering, if possible. The reviewer finds that this dispute falls into this category. The lumbar epidural steroid injections are necessary in an attempt to relieve this man's suffering, in hope that he can buy time to allow further healing to take place on his fusion. Perhaps by doing this, more surgery can be avoided on this patient's back.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 4th day of February 2003.